

IPC Technical Checklist

(Revised May 2010)

Type of Waiver (Mark One):

- ☐ Adult DD Waiver
☐ Child DD Waiver
☐ ABI Waiver

Waiver Participant Legal Name

Plan Start Date

Case Manager/Organization

Participant Support Specialist Name

Individualized Plan of Care and Supplemental Forms

Check items submitted with the plan of care. Submit items in the order below.

Participant Support Specialists will not review plans until all components have been received.

- _____ Extraordinary Care Committee Request Packet (If plan amount exceeds IBA)
- _____ Supervision level and/or Intervention Request Form (If requesting more supervision or intervention)
- _____ Pre-Approval Form
- _____ LT-104 Form
- _____ Guardianship Information
- _____ ICAP Summary Form (3 Forms)
- _____ Psychological or Neuropsychological Report
- _____ Medical Report
- _____ Individualized Plan of Care Document
- _____ Positive Behavior Support Plan
- _____ Service Forms marked on the next page of this checklist

For Division Use Only

Date Stamp Document

Date Plan is received by the Division

Date Plan reviewed by DDD Staff

Signature of Participant Support Specialist

IMPORTANT: The Plan of Care and the technical checklist must be received by the Division **at least 30 days** prior to the plan start date. All signatures shall be obtained **before** submission of the plan of care, or it will be considered incomplete.

WAIVER SERVICES REQUIREMENTS

Mark all components included in the plan of care.

WAIVER SERVICE CODE	ADDITIONAL INFORMATION REQUIRED
Case Management	___ Completed Conflict of Interest disclosure, if applicable. Otherwise, no forms required with plan.
___ Cognitive Retraining	___ Service Form
___ Day Habilitation <input type="checkbox"/> Daily <input type="checkbox"/> 15 min/group	___ Habilitation Service Form ___ Schedule
___ Day Habilitation Intervention	___ Supervision Level and Intervention Request Form ___ Schedule
___ Dietician	___ Service Form ___ Physician's Order ___ Treatment letter or recommendation
___ Environmental Modifications (New)	___ Service Form ___ Photos or drawings
___ Environmental Modifications (Repair)	___ 2 itemized bids
___ Homemaker	___ Schedule ___ Service Form
___ Individual Community Integrated Employment	___ Schedule ___ Employment Service Form
___ Occupational Therapy – Individual	___ Service Form ___ Treatment letter or Recommendation
___ Occupational Therapy – Group	
___ Personal Care	___ Schedule ___ Service Form
___ Physical Therapy – Individual	___ Service Form ___ Physician's Order
___ Physical Therapy – Group	___ Treatment letter or recommendation
___ Residential Habilitation	___ Habilitation Service Form ___ Schedule
___ Residential Habilitation Intervention	___ Supervision Level and Intervention Request Form ___ Schedule
___ Residential Habilitation Training	___ Habilitation Service Form ___ Schedule
___ Respite	___ Schedule ___ Service Form
___ Skilled Nursing	___ Physicians Orders for Skilled Nursing Form
___ Special Family Habilitation Home	___ Habilitation Service Form ___ Schedule
___ Specialized Equipment (New)	___ Service Form ___ Recommendation
___ Specialized Equipment (Repair)	___ Spec. Eqmt Checklist ___ Itemized Invoice ___ Copies of Equipment from Internet or Catalog
___ Speech Therapy – Individual	___ Service Form ___ Physician's Order
___ Speech Therapy – Group	___ Treatment letter or recommendation
___ Supported Employment (Group)	___ Schedule ___ Employment Service Form
___ Supported Living <input type="checkbox"/> Daily <input type="checkbox"/> 15 min/group <input type="checkbox"/> 15 min/individual	___ Schedule ___ Supported Living Services Form

NEW REQUIREMENTS effective 7/1/10

Mark all components included in the plan of care.

Waiver Service Code	Additional Information Required
___ Agency with Choice	No additional information required
___ Child Habilitation Service (0-11)	___ Habilitation Service Form ___ Schedule
___ Child Habilitation Service (12-17)	___ Habilitation Service Form ___ Schedule
___ Companion Services	___ Schedule ___ Service Form
___ Independent Support Broker	No additional information required
___ Subsequent Assessment	___ Service Form